

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5		/				
6	/					
7	/					
8		/				
9		1				
10		1				
11	/					
12		/				
13		/				
14		1				
15	/					
16		1				
17	/					
18		/				
19		/				
20	/					
21		/				
22		1				
23	/					
24		/				
25	/					
26	/					
27		/				
28	/					
29	/					
30		1				
31		1				
32		1				
33	/					
34		/				
35	/					
36		1				
37	/					
38		/				
39		/				
40	/					
41		/				
42		1				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	19					
TOTAL DEP.	21					
TOTAL CLAIMS	40					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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58						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS